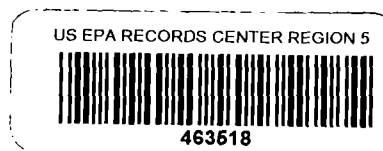
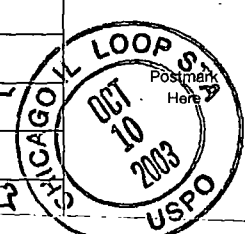


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Received by (Please Print Clearly) <i>Heather Ronda</i> B. Date of Delivery <i>OCT 21 2003</i></p> <p>C. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="font-size: 24px; font-weight: bold; text-align: center;">SUPERFUND C</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>David B. Graham 1200 Old Colony Lane P.O. Box 6000 Williamsburg, VA 23188 (re: Celanese)</p> </div>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered    <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail    <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7001 0320 0006 0294 2806</p>	
<p>PS Form 3811, March 2001      Domestic Return Receipt      102595-01-M-1424</p>	



U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
<p>Postage \$ <i>1.98</i></p> <p>Certified Fee <i>2.30</i></p> <p>Return Receipt Fee (Endorsement Required) <i>1.75</i></p> <p>Restricted Delivery Fee (Endorsement Required)</p> <p>Total Postage &amp; Fees <i>6.03</i></p>	<div style="text-align: center;">  </div>
<p>Sent To</p> <p>Street, Apt. No., or PO Box No.</p> <p>City, State, ZIP+4</p>	<p>David B. Graham 1200 Old Colony Lane P.O. Box 6000 Williamsburg, VA 23188 (re: Celanese)</p>
<p>PS Form 3800, Jan 01</p>	

7001 0320 0006 0294 2806

D. Sheppard  
SR-6J(CRS)